

General Orientation Session on the Training Information Monitoring System TIMS®

Lunah Ncube
Country Program Manager



J H P I E G O

An Affiliate of
Johns Hopkins
University

WORKING TO IMPROVE THE HEALTH OF WOMEN AND FAMILIES THROUGHOUT THE WORLD



Presentation Objectives

- Understand the purpose of TIMS
- Understand data collection forms, data flow and use of reports for monitoring training
- Review the JHPIEGO trainer development pathway
- Recognize key staff resources needed to support ongoing use of TIMS by a training program



Training Information Monitoring System = TIMS

- Programmatically, a system for monitoring:
 - Events
 - Participants
 - Trainers
- Technically, two MS Access 2000 files:
 - Application
 - Database



Programmatic Uses of TIMS

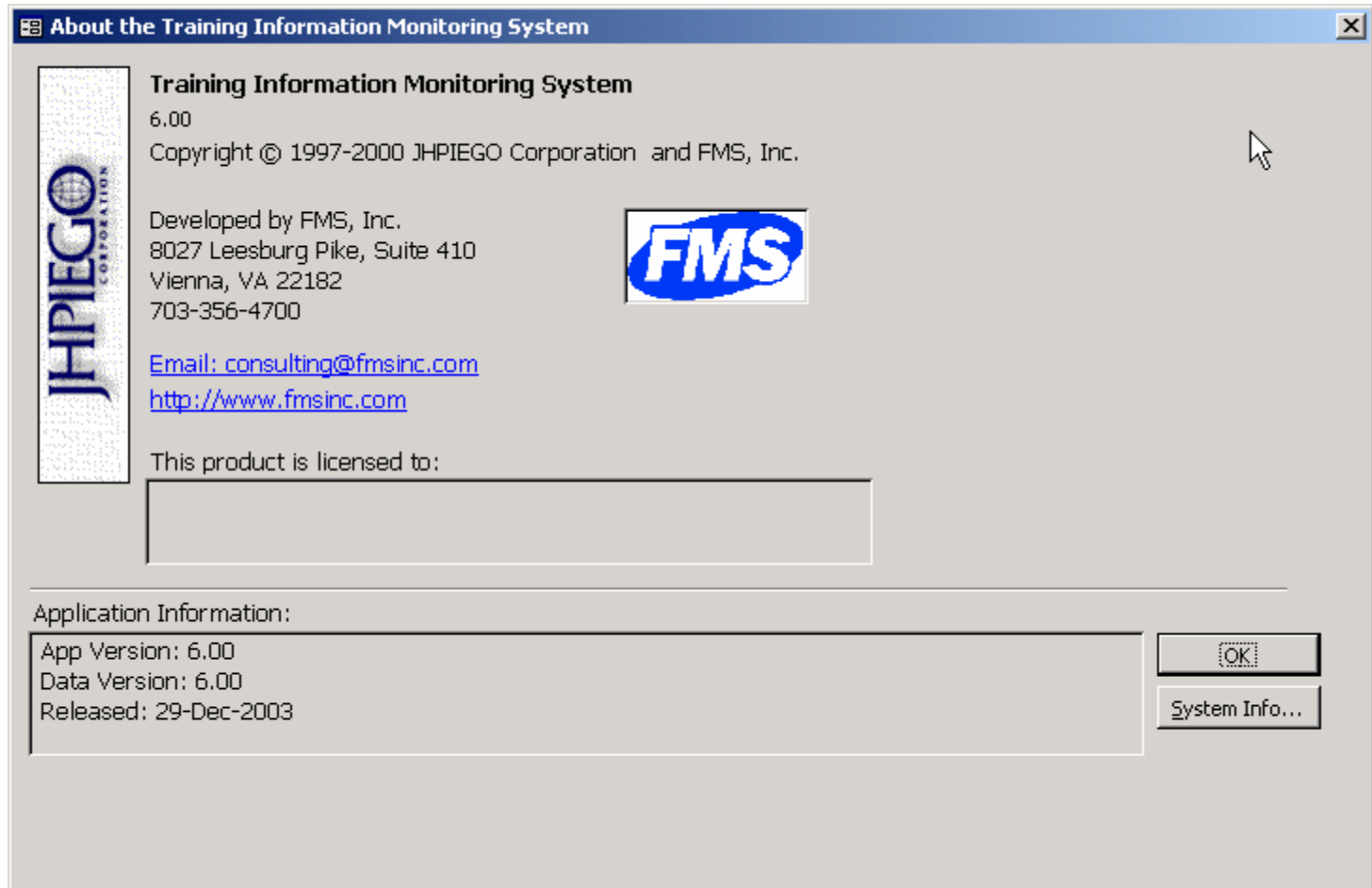
- At JHPIEGO, in Ministries of Health, and in national clinical training programs, training needs to be monitored to track progress toward intended results
- Examples of useful reports include:
 - Quarterly feedback reports to training managers and training centers
 - Quarterly and annual reports to donor agencies
 - Ad hoc study reports on specific training topics, i.e., ART, HIV/AIDS voluntary counseling & testing
 - Business development, to show how many service providers and trainers a program has trained in regions of interest



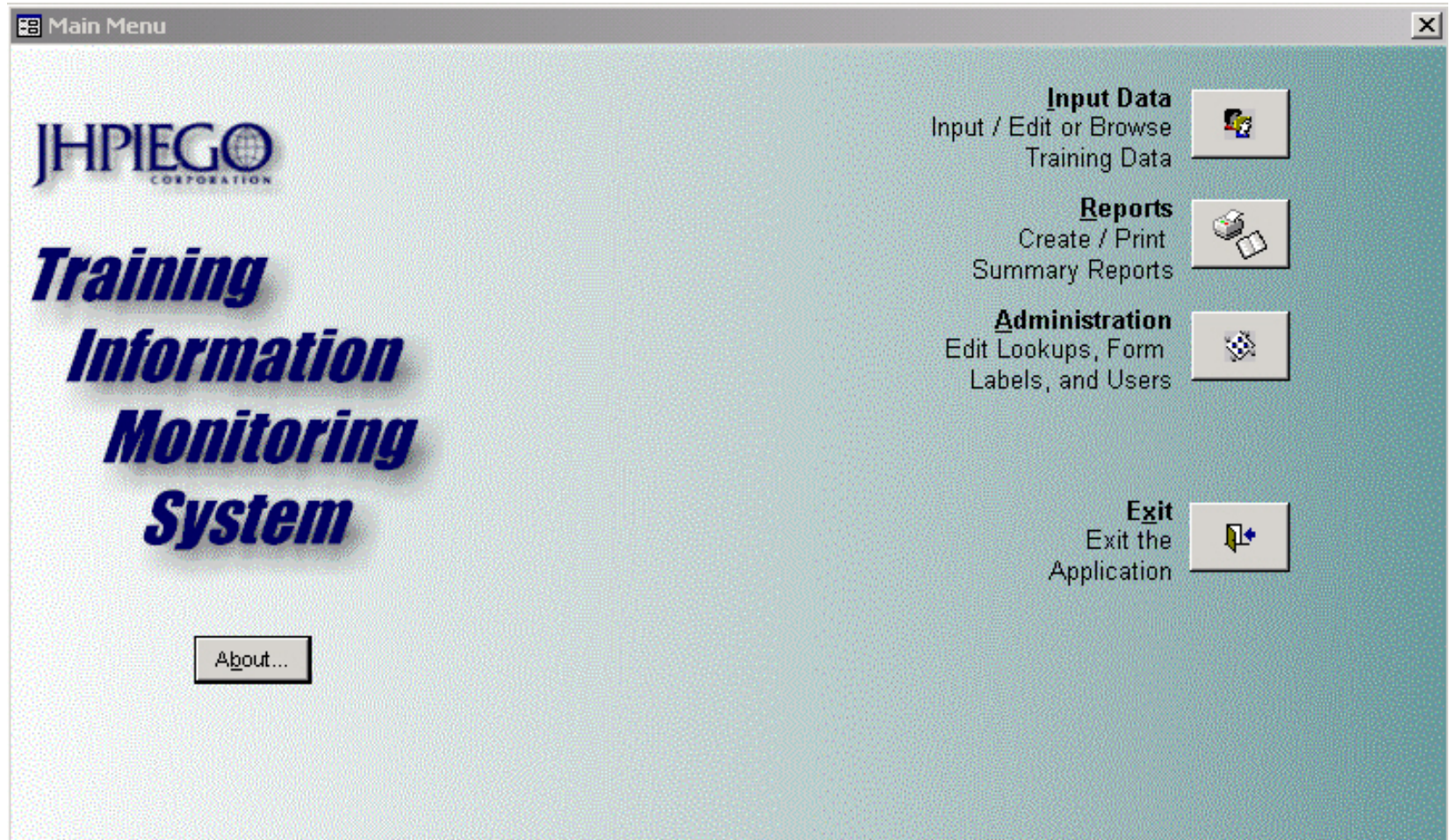
TIMS Features to Meet Programmatic Uses

- TIMS has standard and customizable data elements for monitoring events, participants, and trainers
- Over 50 standard reports are included in TIMS
- Using MS Access 2000 query and reporting tools, a database administrator can add more reports to the TIMS reports menu, for easy access by end users
- Data can be exported from TIMS into common formats for graphing, mapping, tabular presentation and statistical analysis

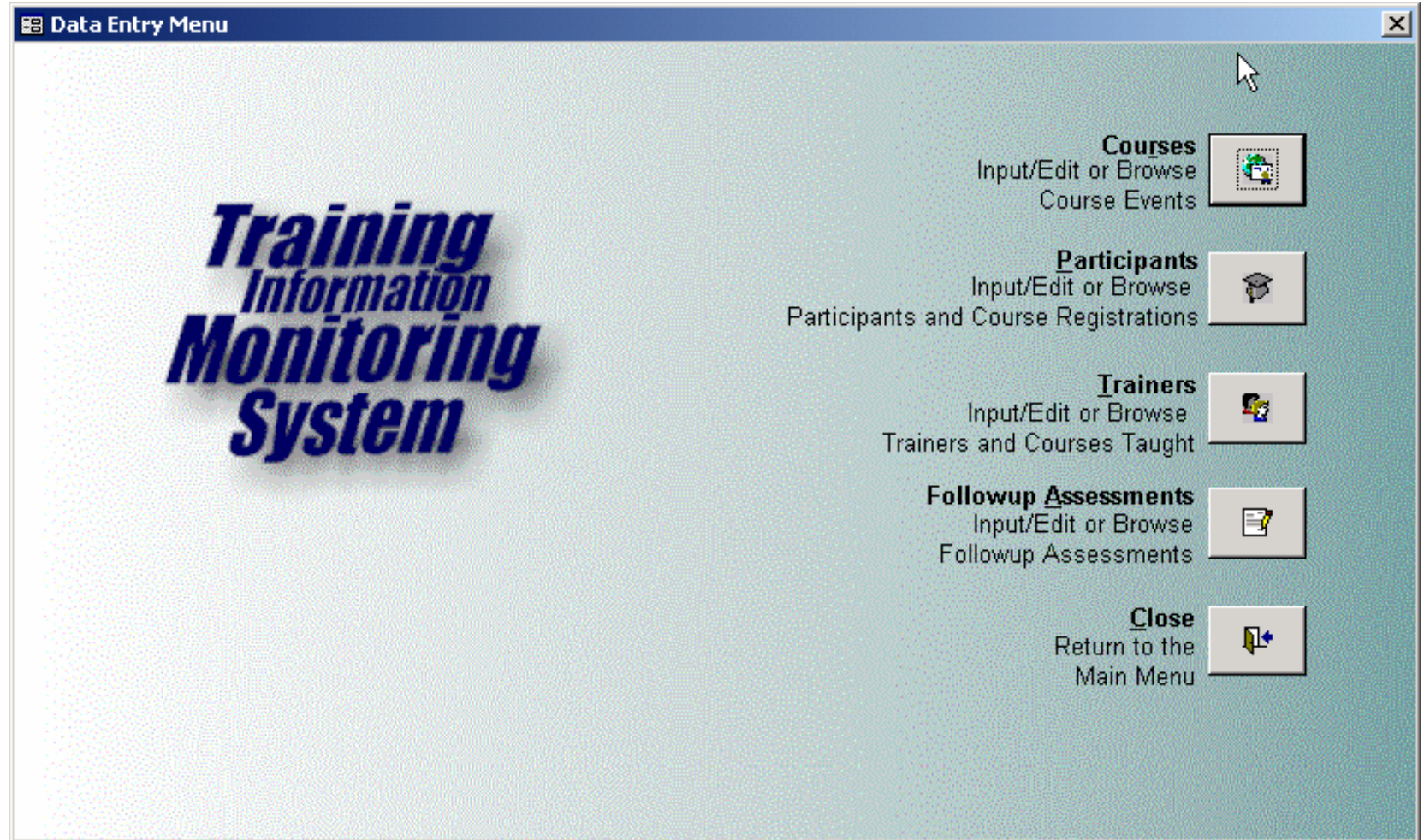
TIMS About Screen



TIMS Main Menu



Input Data Menu



Sample Data Collection Forms

PMTCT Training Program COURSE INFORMATION FORM

52 The following information is to be completed by the trainer.

Training Center/Site: _____ Course Name: _____
 Training Delivery: (☒ Check only one)
☐ Group-based course
☐ On-the-job training
☐ Computer-based training
☐ Post-basic training
☐ Other, please specify: _____
 Course Start Date: _____ day/month/year
 Course End Date: _____ day/month/year
 Course Length: _____ day/ week/ month (circle one)
 Country: _____ UGANDA
 Region: _____
 District: _____

TRAINING COURSES
<input checked="" type="checkbox"/> Tick only one option.
ART
<input type="checkbox"/> Adherence Counselling
<input type="checkbox"/> Antiretrovirals in Pregnant Women
<input type="checkbox"/> Community Health Worker ARV Course
<input type="checkbox"/> Comprehensive HIV Management, Care and Treatment Orientation
<input type="checkbox"/> Clinical Management of HIV/AIDS
<input type="checkbox"/> Pharmacist ARV Course
<input type="checkbox"/> Post-exposure Prophylaxis (PEP)
HIV Counselling & Testing
<input type="checkbox"/> Basic Counselling Skills
<input type="checkbox"/> VCT
Laboratory
Medical Transmission: Blood Safety
Medical Transmission: Injection Safety
<input type="checkbox"/> Infection Prevention (IP)
Palliative Care (TB/HIV)
Palliative Care (excluding TB/HIV)
<input type="checkbox"/> Comprehensive Community Health Worker (CHW) Course
<input type="checkbox"/> Nutrition
<input type="checkbox"/> Social Support & Care
PMTCT
<input type="checkbox"/> PMTCT
PMTCT +
Policy, Analysis and System Strengthening (Capacity Building)
<input type="checkbox"/> Community Mobilization
STI Management
Strategic Information
<input type="checkbox"/> Fundamentals of M&E for Programme Managers
<input type="checkbox"/> Health Information Systems and Surveillance
<input type="checkbox"/> Training Information Monitoring System (TIMS)

Trainers

Last Name, First Name, Middle Name	Organization Name	National ID	Days

Total Number of Participants: _____ (Collect detailed information on Participant Registration forms)

Did you do a course evaluation with the participants? ☐ Yes ☐ No

Planned follow-up evaluation (please describe any plans for follow-up evaluation):

Training Sponsor/Award Funding ☒ Check all that apply:
☐ MOH ☐ UNAIDS ☐ Clinton Foundation
☐ USAID ☐ WHO ☐ BOPAF
☐ CDC

Please return Course Information Form + all completed Participant Registration forms promptly to:

Training Coordinator
 PMTCT Training Program
 UGANDA
 Tel. Fax



Sample Data Collection Forms

MINISTRY OF HEALTH STD/AIDS CONTROL PROGRAMME TRAINING PARTICIPANT REGISTRATION FORM

To be completed by Participant:

First Name: _____

Other Names: _____

Surname: _____

Date of Birth: ____/____/____
Day/Month/Year

Current Contact Information

Home or mobile phone: _____

Work phone: _____

E-mail Address: _____

Gender

- ☐ Male
☐ Female

What is your profession or role? ☒ Tick only one.

- ☐ Obstetrician
☐ Paediatrician
☐ Physician
☐ Medical Officer
☐ Clinical Officer
☐ Registered Comprehensive Nurse
☐ Enrolled Comprehensive Nurse
☐ Registered Nurse
☐ Public Health Nurse
☐ Enrolled Nurse
☐ Registered Midwife
☐ Enrolled Midwife
☐ Nursing Assistant
☐ Health Administrator/ In-charge
☐ Social Worker
☐ Nutritionist
☐ Professional Counsellor
☐ Lay Counsellor
☐ Lab Technician/Technologist
☐ Lab Assistant
☐ Pharmacist
☐ Pharmacy Assistant/Dispenser
☐ Community Health Worker
☐ Traditional Healer
☐ Traditional Birth Attendant
☐ Community/Religious Leader
☐ Volunteer

Other, please specify: _____

Where do you currently work?

Organization/Facility Name: _____

Address: _____

District: _____

County/Municipality: _____

Sub-county/Division: _____

Parish/Ward: _____

LC1/Millage/Zone/Cell: _____

Organization/Facility Type:

- ☐ National Ref. Hospital ☐ Regional Ref. Hospital
☐ District Hospital ☐ Health Center IV ☐ Health Center III
☐ Health Center II ☐ MOH Office ☐ District Health Office
☐ CBO ☐ NGO (not faith-based) ☐ FBO ☐ Local Council
☐ Medical School ☐ Nursing School ☐ Training Center
☐ Other (specify): _____

Organization/Facility Phone: _____

Organization/Facility Fax: _____

Ownership: ☐ Government ☐ NGO/CBO/FBO ☐ Private

Course Name: _____

Course Venue: _____

Course Start Date: ____/____/____
Day/Month/Year

PMTCT Training Program

TRAINER INFORMATION FORM

This form should be completed once by each trainer, so that he/she will be entered into the PMTCT trainer database.

To be completed by Trainer:

First Name: _____

Middle Name: _____

Surname: _____

Date of Birth: ____/____/____
Day/Month/Year

Current Contact Information

Home or mobile phone: _____

Work phone: _____

E-mail Address: _____

National ID Number: _____

Gender

- ☐ Male
☐ Female

Where do you primarily work?

Organization Name: _____

Address: _____

Country: UGANDA

Region: _____

District: _____

Municipality: _____

City: _____

Postal Code: _____

Organization Type:

- ☐ Regional Hospital ☐ District Hospital ☐ Health Center
☐ Clinic ☐ CBO ☐ NGO ☐ FBO
☐ Regional DOH Office ☐ LSA Office
☐ Medical School ☐ Nursing School ☐ University/Training Center
☐ Other (specify): _____

Organization Main Phone: _____

Organization Main Fax: _____

Sponsor: ☐ Government ☐ NGO/CBO/FBO ☐ Private Sector

Please tick your Trainer Type. ☒ Tick one only.

- ☐ Candidate Clinical Trainer
☐ Clinical Preceptor
☐ Consultant Technical Expert
Other, specify: _____

What type of health professional are you? ☒ Check one.

- ☐ Physician
☐ Registered/Professional Nurse
☐ Enrolled Nurse
☐ Enrolled Nurse Assistant
☐ District Manager
☐ Health Care Admin/Manager
☐ Lab Manager
☐ Pharmacist
☐ Pharmacy Assistant
☐ Community Health Worker

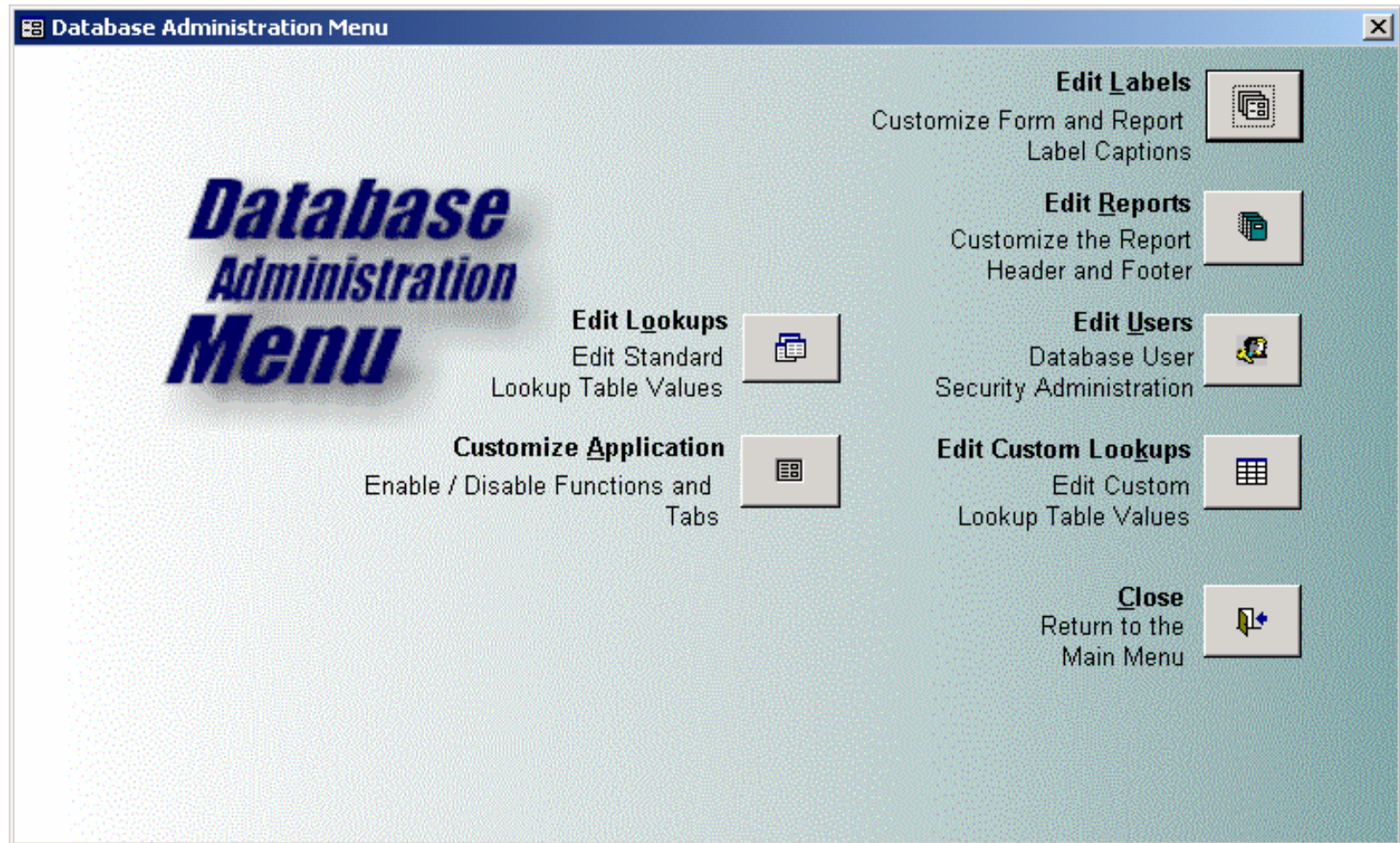
Other, specify: _____

Please tick all Training Courses which you can train. ☒ Tick all that apply.

- ☐ Adherence Counseling
☐ Antiretrovirals in Pregnant Women
☐ Community Health Worker ARV Course
☐ Comprehensive HIV Management, Care and Treatment Orientation
☐ Clinical Management of HIV/AIDS
☐ Pharmacist ARV Course
☐ Post-exposure Prophylaxis (PEP)
☐ Basic Counseling Skills
☐ VCT
☐ Infection Prevention (IP)

- ☐ Comprehensive Community Health Worker (CHW) Course
☐ Nutrition
☐ Social Support & Care
☐ PMTCT
☐ Community Mobilization
☐ Fundamentals of M&E for Programme Managers
☐ Health Information Systems and Surveillance
☐ Training Information Monitoring System (TIMS)
☐ Other, specify: _____

Administration Menu



Edit Lookups

Lookup Table Administration

Followup Assessment Type	Qualifications	Responsibilities	Services	Sponsors	Trainer Types	Default Values	Months	Training Centers
Regions	Countries	Provinces	Districts	Cities	Assessment Results	Course Roles	Facility Types	Facility Sub-Types
Training Focus	Training Content	Training Delivery	Training Topic	Awards	Languages	Units of Time	Clinical Services	

Training Topic:

▶ Action Plans
Adult Support
Advanced Training Skills
Analytical Skills
ARV Client Orientation
ARV Client Tracking
Basic HIV/AIDS Peer Education & Counseling
Basic Monitoring & Evaluation
Basic MS Excel
Basic MS Powerpoint

Record: 1 of 55

Close

Training Event

Data collected on:
Course Information Form

Course Events Form

Training Center / Site: Nelson Mandela Hospital (Umtata) Course Name: PMTCT Orientation Package

Training Delivery: Community Capacity Building Course Course Start Date: 5 / July / 2004

Training Focus: PMTCT Course End Date: 8 / July / 2004

Training Topic: PMTCT for Community Health Workers Course Length: 4 Day(s)

Training Content: [Dropdown]

Course Description: [Text Box]

Region: Africa

Country: South Africa

Province: Eastern Cape

District: Umtata/King Sabata Dali

Course Trainers Course Participants Award Funding Audit History

Full Name	Primary Role	Secondary Role	Days	Trainer Type
Machele, Margerat Mahlodi	Facilitator		4	Candidate Trainer
Molate, Kealeboga Masikoane	Co-facilitator		4	Candidate Trainer

Total Trainers: 2

Add Trainer Delete Trainer

Preview General Roster Preview Detailed Roster Delete Course Event Close

Training Event

Data collected on:
Course Information Form

Course Events Form

Training Center / Site: Nelson Mandela Hospital (Umtata) Course Name: PMTCT Orientation Package

Training Delivery: Community Capacity Building Course Course Start Date: 5 / July / 2004

Training Focus: PMTCT Course End Date: 8 / July / 2004

Training Topic: PMTCT for Community Health Workers Course Length: 4 Day(s)

Training Content:

Course Description:

Region: Africa

Country: South Africa

Province: Eastern Cape

District: Umtata/King Sabata Dali

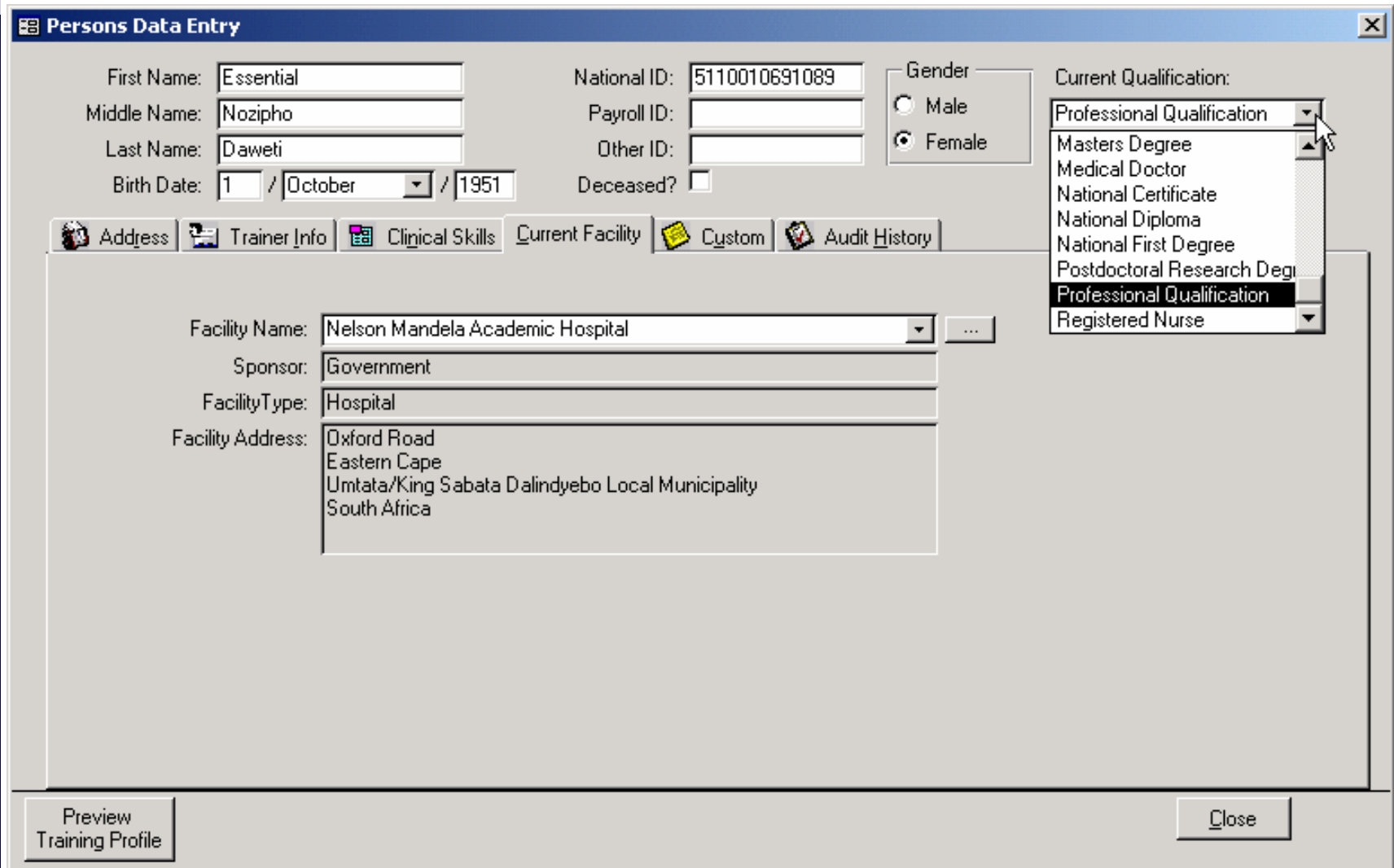
Course Trainers Course Participants Award Funding Audit History

Full Name	National ID	Work Phone	Facility Name	District
Daweti, Essential Nozipho	511001069108	(+ 27)047 502	Nelson Mandela Academic Hospital	Umtata/King Sab.
Fileyo, Ntombentle Sweetness	630820017308	(+ 27)047 502	Nelson Mandela Academic Hospital	Umtata/King Sab.
Gqweta, Miriam Noma-Efese	511116010408	(+ 27)Nil	Nelson Mandela Academic Hospital	Umtata/King Sab.

Total Participants: 23

Participant

Data collected on: Participant Registration Form



Persons Data Entry

First Name: Essential National ID: 5110010691089 Gender: ☐ Male ☒ Female Current Qualification: Professional Qualification
Middle Name: Nozipho Payroll ID: Medical Doctor
Last Name: Daweti Other ID: National Certificate
Birth Date: 1 / October / 1951 Deceased? ☐ National Diploma
National First Degree
Postdoctoral Research Degree
Professional Qualification
Registered Nurse

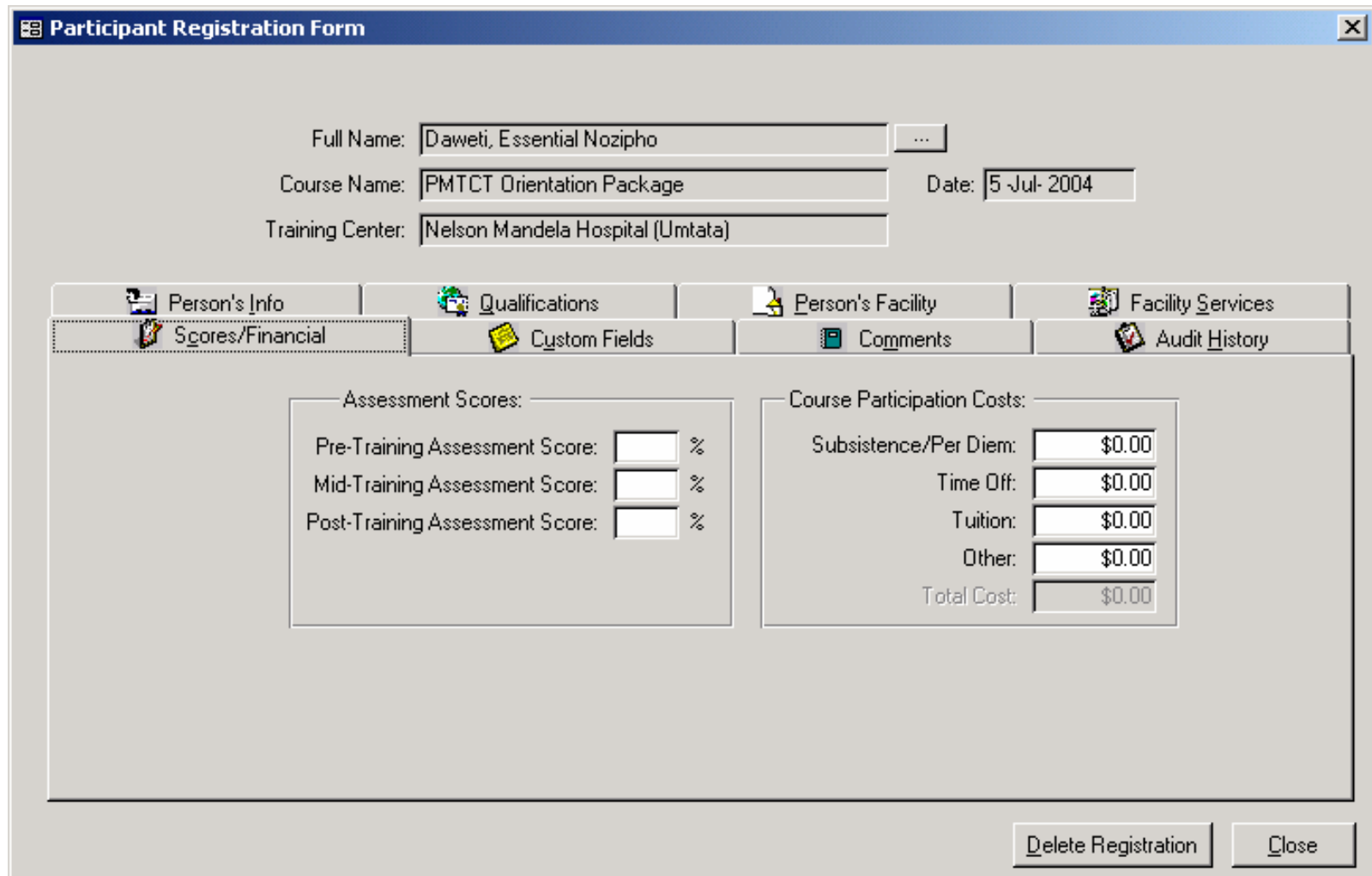
Address Trainer Info Clinical Skills Current Facility Custom Audit History

Facility Name: Nelson Mandela Academic Hospital ...
Sponsor: Government
Facility Type: Hospital
Facility Address: Oxford Road
Eastern Cape
Umtata/King Sabata Dalindyebo Local Municipality
South Africa

Preview Training Profile Close

Participant

Data collected on: Participant Registration Form



The screenshot shows a software window titled "Participant Registration Form". At the top, there are three input fields: "Full Name:" with the value "Daweti, Essential Nozipho", "Course Name:" with the value "PMTCT Orientation Package", and "Date:" with the value "5-Jul-2004". Below these is a "Training Center:" field with the value "Nelson Mandela Hospital (Umtata)". A horizontal menu bar contains six tabs: "Person's Info", "Qualifications", "Person's Facility", "Facility Services", "Scores/Financial", and "Custom Fields". The "Scores/Financial" tab is currently selected. Below the tabs, the form is divided into two main sections. The left section, titled "Assessment Scores:", contains three rows: "Pre-Training Assessment Score:" with an empty input box and a "%" symbol, "Mid-Training Assessment Score:" with an empty input box and a "%" symbol, and "Post-Training Assessment Score:" with an empty input box and a "%" symbol. The right section, titled "Course Participation Costs:", contains four rows: "Subsistence/Per Diem:" with an input box containing "\$0.00", "Time Off:" with an input box containing "\$0.00", "Tuition:" with an input box containing "\$0.00", and "Other:" with an input box containing "\$0.00". Below these is a "Total Cost:" label and an input box containing "\$0.00". At the bottom right of the window are two buttons: "Delete Registration" and "Close".

Participant Registration Form

Full Name: Daweti, Essential Nozipho

Course Name: PMTCT Orientation Package Date: 5-Jul-2004

Training Center: Nelson Mandela Hospital (Umtata)

Person's Info Qualifications Person's Facility Facility Services
Scores/Financial Custom Fields Comments Audit History

Assessment Scores:

Pre-Training Assessment Score: %

Mid-Training Assessment Score: %

Post-Training Assessment Score: %

Course Participation Costs:

Subsistence/Per Diem: \$0.00

Time Off: \$0.00

Tuition: \$0.00

Other: \$0.00

Total Cost: \$0.00

Delete Registration Close

Trainers

Data collected on: Trainer Information Form

Participant: Diane, René

First Name: René National ID: 7309120147085 Gender: ☐ Male ☒ Female Current Qualification: Registered Nurse

Middle Name: Payroll ID: Other ID: Deceased? ☐

Last Name: Diane Birth Date: / /

Address Trainer Info Clinical Skills Current Facility Custom Audit History

Is This Person a Trainer? ☒ Status: ☒ Active ☐ Inactive

Trainer Type: Qualified Trainer Languages: Afrikaans English *

Trainer Type Definition: Trainer Type Acquired On: 14 / June / 2003 Assessed/Qualified By: Dr. 'Dipo Otolorin

Current Trainer Skills	Date of Standardization	Comments
VCT Counseling	21 / June / 2003	
*	/ /	

Record: 1 of 1

Preview Training Profile Delete Person Close

Reports Menu

Reports Menu


Region: Training Delivery:

Country: Training Focus:

Province: Training Topic:

District: Award:

Course Start Date Between: / AND: /

Reports: 

- Participant Count Course Reports
- Participant Count Coverage Reports
- Participant Count Data Cleaning Reports
- Participant Count Export to DBF Reports
- Participant Count **Participant Reports**
- Participant Count Trainer Reports
- Participant Count by Qualification and Province
- Participant Count by Training Focus, Province, District
- Participant Count by Training Focus, Topic, Content, Province, District
- Participant Count by Training Focus, Topic, Course Name
- Participant Count by Training Focus, Topic, Province, District
- Participants by Facility/Workplace and Course Name
- Participants by Facility/Workplace and Training Topic
- Person Profile Report

Description:

Choose Paper Type: ☐ U.S. Letter ☒ A4

Course Reports

Reports Menu

Region: Training Delivery:

Country: Training Focus:

Province: Training Topic:

District: Award:

Course Start Date Between: AND:

Reports:

Master List of Courses

Training Center Activity Report

Desc

Master List of Courses

Action Plans
Adult Support
Advanced Training Skills
Analytical Skills
ARV Client Orientation
ARV Client Tracking
Basic HIV/AIDS Peer Education & Couns
Basic Monitoring & Evaluation

Choose Paper Type:

☐ U.S. Letter ☒ A4



Master List of Courses

Region: Africa	Country: South Africa	Province: All Provinces	District: All Districts
Training Delivery: All	Training Focus: All	Training Topic: All	
Course Start Date: Unspecified			

Course Name: Psycho-Social Support

Start Date: 11/1/2004 **End Date:** 11/5/2004 **Days:** 5 **No. of Participants:** 14

Location

Center: Hope worldwide Sundowner

Country: South Africa

Province: Gauteng

District: City of Johannesburg

Trainers

Name	Days In Course	Trainer Type
Anderson, Jade Catherine	5	Candidate Trainer
Magongoa, Morongwa Cordelia	5	Candidate Trainer
Seodi, Phetole	5	Candidate Trainer

Course Information

Course Description: Child Protection & Child Participation

Training Delivery: Internal On-the-job/ Staff Training

Training Focus: Orphans & Vulnerable Children (OVC)

Training Topic: Psycho-Social Support

Training Content:

Awards

PEPFAR(PACT)

Coverage Reports

Reports Menu

Region: Training Delivery:

Country: Training Focus:

Province: Training Topic:

District: Award:

Course Start Date Between: AND:

Reports:

Training Coverage Report by Country

- Training Coverage Report by District
- Training Coverage Report by Facility
- Training Coverage Report by Province
- Training Coverage Report by Region

Desc:

Train:

Choose Paper Type:

☐ U.S. Letter ☒ A4

Training Coverage Report by Province

Region: Africa **Country:** South Africa **Province:** All Provinces **District:** All Districts
Training Delivery: All **Training Focus:** All **Training Topic:** All
Course Start Date: Unspecified

Region	Country	
Africa	South Africa	
Province	Participants	Trainers
	0	1
Eastern Cape	209	5
Free State	1	0
Gauteng	466	30
KwaZulu/Natal	64	3
Western Cape	99	5
Total	839	44

Summary Statistics

	Participants	Trainers
Total number of persons	839	44
Total number of provinces	5	4
Average number of persons per province	167.8	11
Range of persons per province	Min: 1	3
	Max: 466	30

Note: This report represents unduplicated participants and can be used to calculate training coverage statistics.

Data Cleaning Reports

The screenshot shows a software window titled "Data Cleaning Reports". At the top, a blue header bar contains the text "Reports Menu". Below this, there are four dropdown menus for filtering data: "Region:" (set to "Africa"), "Country:" (set to "South Africa"), "Province:" (set to "All Provinces"), and "District:" (set to "All Districts"). To the right of these filters is a "Clear All" button. Below the filters, there is a "Reports:" dropdown menu currently set to "Data Cleaning Reports". To the right of this is a "Description:" text area containing the text: "Query - Data Cleaning Check for Completion of Course Province and District. Selection criteria for Country, Province, District is based on the Training Site." Below the "Reports:" dropdown is a list of 15 queries, with the first one, "Query - Data Cleaning Check for Completion of Course Province and District", highlighted. To the right of the list is a "Choose Paper Type:" section with two radio buttons: "U.S. Letter" (unselected) and "A4" (selected). At the bottom of the window are four buttons: "Preview", "Print", "Next ->", and "Close".

Reports Menu

Region: Africa
Country: South Africa
Province: All Provinces
District: All Districts

Clear All

Reports: Data Cleaning Reports

Query - Data Cleaning Check for Completion of Course Province and District
Query - Data Cleaning Check for Duplicate Persons and Identifiers
Query - Data Cleaning Master List of ATS Courses
Query - Data Cleaning Master List of CTS Courses
Query - Data Cleaning Master List of Facility Names by Type, SubType, Province & Dis
Query - Data Cleaning Participants and Facility Sponsors
Query - Data Cleaning Participants and Qualifications
Query - Data Cleaning Participants Home and Facility Addresses
Query - Data Cleaning Persons with a CTS Course Trainer Status
Query - Data Cleaning Persons with an ATS Course Trainer Status
Query - Data Cleaning Services and Descriptions
Query - Data Cleaning Trainer Types and Ranks
Query - Data Cleaning Trainers
Query - Data Cleaning Training Centers

Description:
Query - Data Cleaning Check for Completion of Course Province and District. Selection criteria for Country, Province, District is based on the Training Site.

Choose Paper Type:
☐ U.S. Letter ☒ A4

Preview Print Next -> Close



A	B	C	D	E
Province	District	SDPFacilityName	FacilityType	FacilitySubTy
		Bambisanang (NGO)		
		Masia Camp (Zimbabwe)		
		Sizanani Home Based Care		
Eastern Cape		Unknown 5 - Eastern Cape	NGO	
Eastern Cape	Bizana/Mbizana	Lovelif Umtata 2 (PPASSA)	NGO	
Eastern Cape	Bizana/Mbizana	Mahlungulu Foundation	NGO	
Eastern Cape	East London/Buffalo City	CATCH Project	NGO	
Eastern Cape	East London/Buffalo City	Hope worldwide East Londen		
Eastern Cape	East London/Buffalo City	Hope worldwide East London	NGO	
Eastern Cape	Libode/Nyandeni	C.H Gokleni School	School	
Eastern Cape	Libode/Nyandeni	St. Barnabus Hospital	Hospital	
Eastern Cape	Libode/Nyandeni	St. Barnabus Hospital -Rape Crisis Centre	Hospital	
Eastern Cape	Nelson Mandela Metropolitan	Hope worldwide Port Elizabeth	NGO	
Eastern Cape	Nelson Mandela Metropolitan	Hope worldwide Volunteer - Port Elizabeth	NGO	
Eastern Cape	Nelson Mandela Metropolitan	LAMLA Day Care Center	CBO	
Eastern Cape	Nelson Mandela Metropolitan	Lovelif Port Elizabeth	NGO	
Eastern Cape	Nelson Mandela Metropolitan	P.E.D.C.C	National Gov Office	
Eastern Cape	Nelson Mandela Metropolitan	Regional District Council of Churches- P.E	CBO	
Eastern Cape	Nelson Mandela Metropolitan	Siyaphila		
Eastern Cape	Nelson Mandela Metropolitan	Ubombi Youth Development Project	CBO	
Eastern Cape	Nelson Mandela Metropolitan	Unknown 4 - Port Elizabeth		
Eastern Cape	Nelson Mandela Metropolitan	Veeplaas Support Group	NGO	
Eastern Cape	Umtata/King Sabata Dalindyebo Local Municipality	Action Group for Children in Distress	NGO	
Eastern Cape	Umtata/King Sabata Dalindyebo Local Municipality	Baziya Health Care		
Eastern Cape	Umtata/King Sabata Dalindyebo Local Municipality	Bedford Orthopaedic Hospital		
Eastern Cape	Umtata/King Sabata Dalindyebo Local Municipality	Bethany Children's Home	NGO	
Eastern Cape	Umtata/King Sabata Dalindyebo Local Municipality	Church of Christ -Umtata	FBO/ Church	
Eastern Cape	Umtata/King Sabata Dalindyebo Local Municipality	Cindi Action Group	NGO	
Eastern Cape	Umtata/King Sabata Dalindyebo Local Municipality	Department Of Education	School	

Export to DBF Reports

Reports Menu

Region: Africa
Country: South Africa
Province: All Provinces
District: All Provinces
Training Delivery:
Training Focus:
Training Topic:
Award:
Start Date Between: /
AND: /
Clear All

Reports: Export to DBF Reports

Course Summary by Center
Course Summary by Country
Course Summary by District
Course Summary by Province
Participant Summary by Country
Participant Summary by District
Participant Summary by Facility
Participant Summary by Province
Trainer Summary by Country
Trainer Summary by District
Trainer Summary by Facility
Trainer Summary by Province

Description:
Course Summary by Center

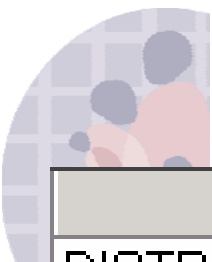
Choose Paper Type:
☐ U.S. Letter ☒ A4

Preview Print Next -> Close



Export to DBF reports were designed to enable import of DBF data from TIMS into other packages

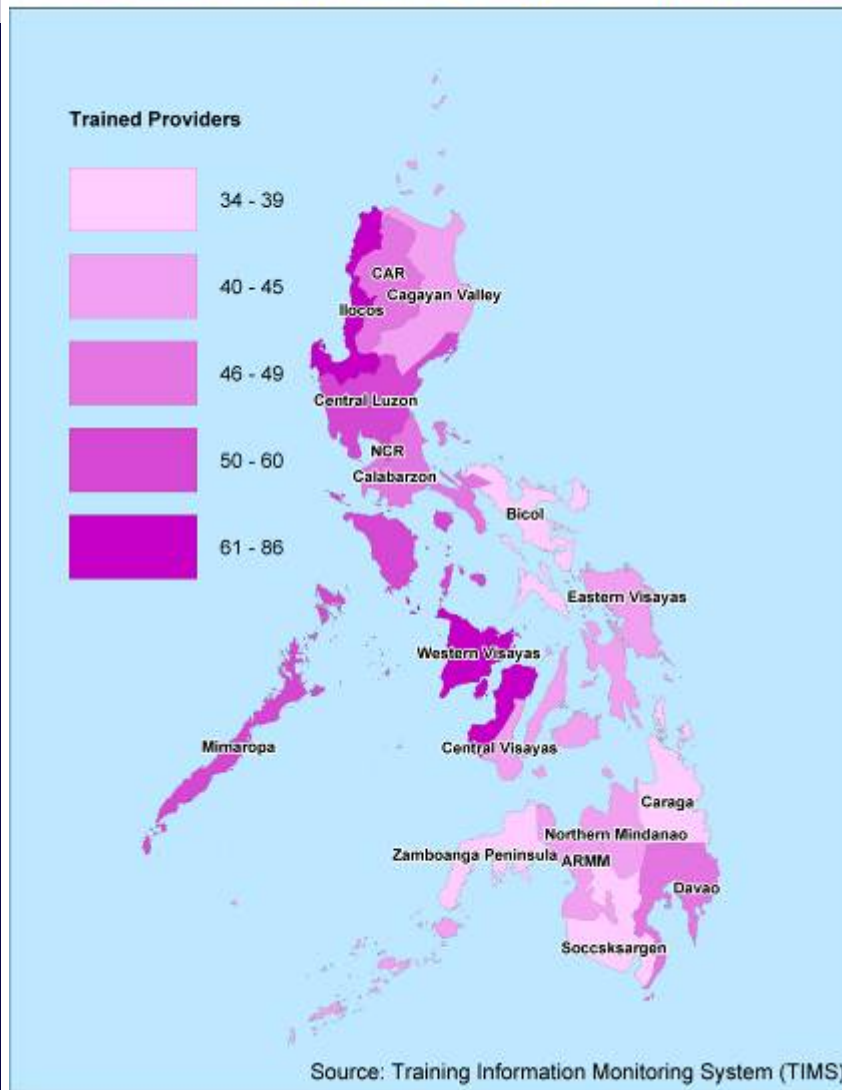
- Geographic Information Systems - for creation of trainer maps (e.g. ArcGIS by ESRI, Inc).
- Other databases
- MS Excel
- Other statistical packages



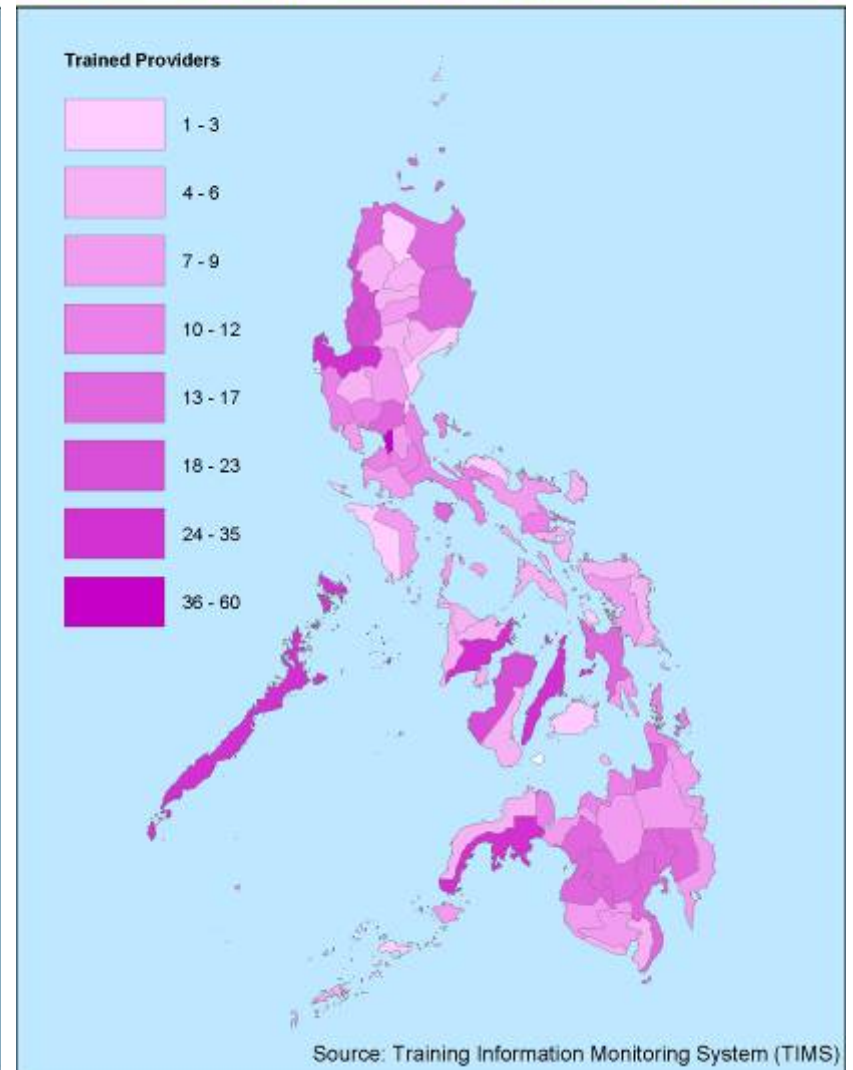
A	B	C
DISTRICT	PARTCNT	PARTPERC
Bizana/Mbizana	16	1.909
Bloemfontein/Mangaung Local Municipality	1	0.119
City of Cape Town	99	11.814
City of Johannesburg	453	54.057
City of Tshwane	7	0.835
East London/Buffalo City	2	0.239
Ekurhuleni Metropolitan	2	0.239
eThekweni Metropolitan	61	7.279
Libode/Nyandeni	13	1.551
Meyerton/Midvaal Local Municipality	1	0.119
Nelson Mandela Metropolitan	34	4.057
Pietermaritzburg/The Msunduzi Municipality	2	0.239
Umtata/King Sabata Dalindyebo Local Municipality	144	17.184
Vereeniging/Emfuleni Local Municipality	3	0.358

Export to ArcView for maps

Auto Disable Syringe Training by Region, Philippines, 2003

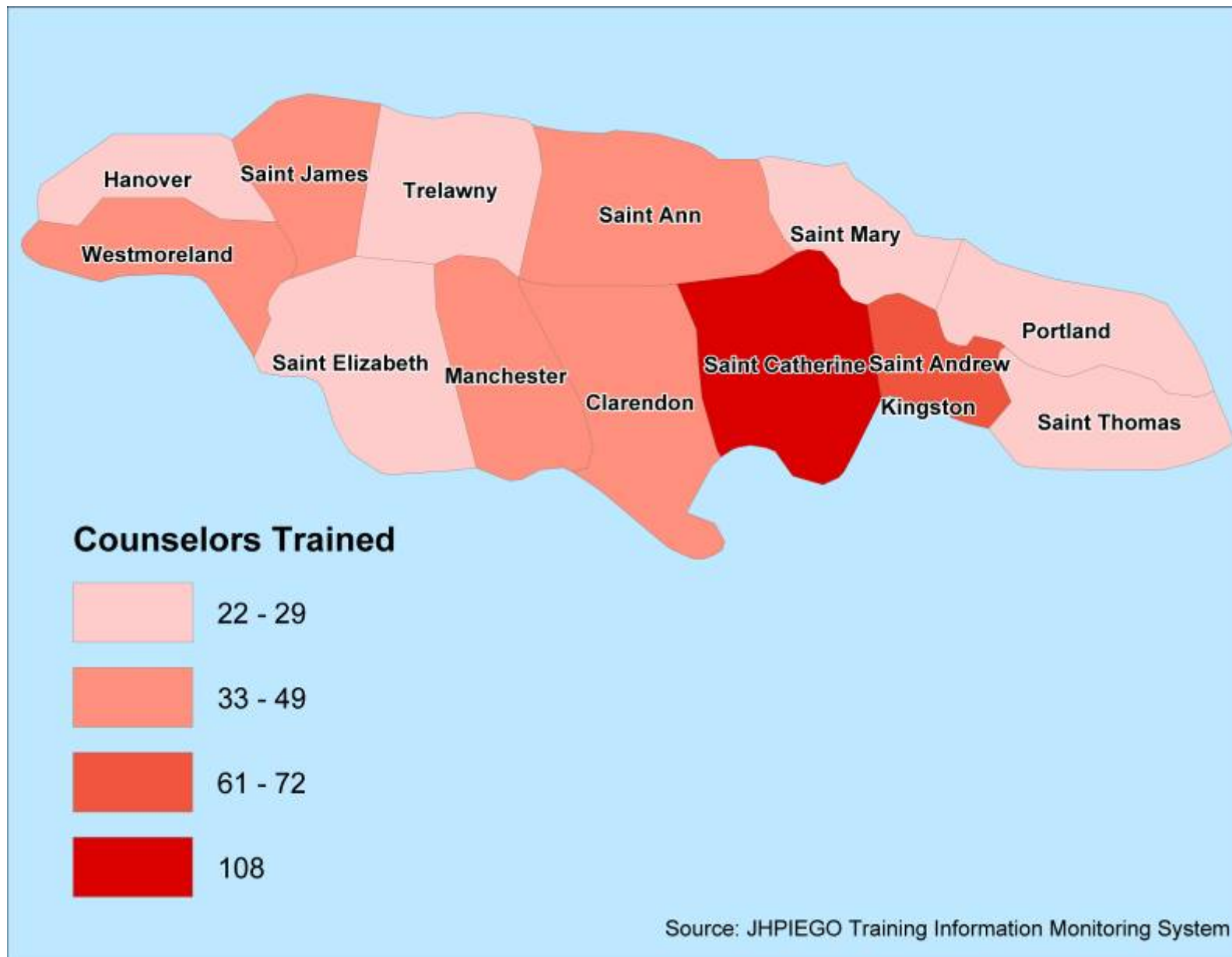


Auto Disable Syringe Training by Province, Philippines, 2003



Source: Training Information Monitoring System (TIMS)

VCT Counselors Trained by Parish



VCT Counselors Trained: Jamaica



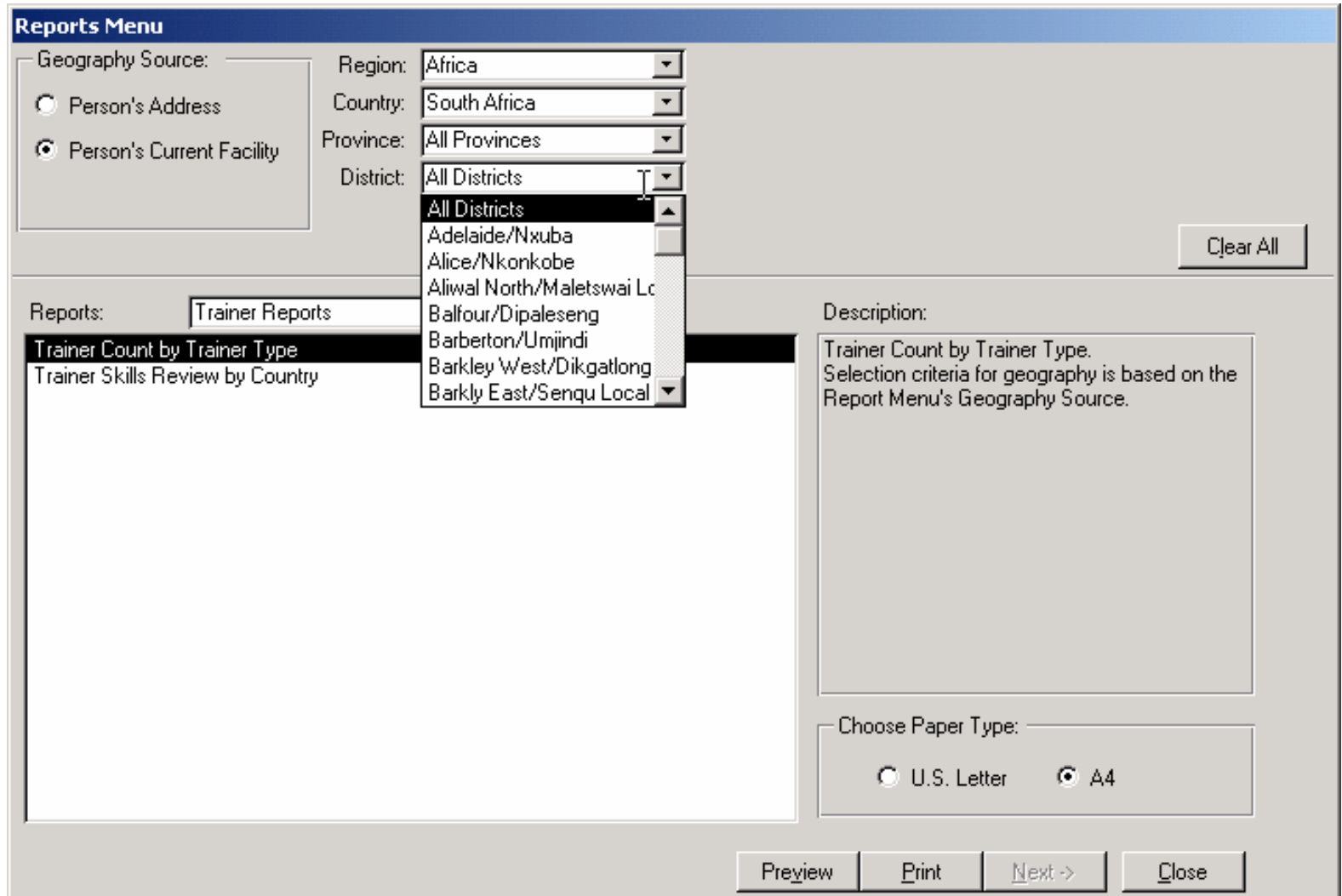
Note: Coordinates were not available for 65 / 221,
or 29% of facilities with trained counselors

Source: Caribbean Regional TIMS Database



A	B	C	D
SDPNAME	OTHRNAME	PARTCNT	PARTPERC
A.C.C.E.P.T -Rhema SF		1	0.119
Abangani Engosing		2	0.238
ACODEC (Mathibe Stad Park)		1	0.119
Action Group for Children in Distress		1	0.119
Aganang (Mathibe Stad Ark)		1	0.119
Akani Foundation		1	0.119
Bambisanani (NGO)		1	0.119
Banakekeleni Haven		4	0.477
Baziya Health Care		1	0.119
Bedford Orthopaedic Hospital		4	0.477
Bethany Children's Home		1	0.119
Bethesda Caregivers		1	0.119
Bhekimpilo Support Centre		9	1.073
Bophelong		1	0.119
C.H Gokleni School		1	0.119
Carl Sithole/ Bethesda		1	0.119
Carter Primary School		1	0.119
CATCH Project		1	0.119
Cato-manor Youth Program		1	0.119
Chiawelo Clinic		3	0.358
Christian Clinic Lanseria		5	0.596
Church of Christ -Umtata		3	0.358
City of JHB Metro Municipality		1	0.119
City Of Johannesburg		1	0.119
Clare Estate Drop-in Centre		1	0.119
Cotlands Baby Sanctuary		1	0.119
Davidsonville Clinic		3	0.358
Ebuhleni Pre-Nursing		1	0.119
Eluxolweni Umtata	EUSP	7	0.834
Emthonjeni (Zandspruit-Honeydew)		5	0.596
FAITH & Hope AIDS Programme		1	0.119

Trainer Reports



The image shows a software interface for generating Trainer Reports. It features a 'Reports Menu' at the top with a title bar. Below the title bar, there are two radio buttons for 'Geography Source': 'Person's Address' and 'Person's Current Facility'. To the right of these are four dropdown menus for 'Region', 'Country', 'Province', and 'District'. The 'District' menu is currently open, showing a list of districts including 'All Districts', 'Adelaide/Nxuba', 'Alice/Nkonkobe', 'Aliwal North/Maletswai Local Municipality', 'Balfour/Dipaleseng', 'Barberton/Umjindi', 'Barkley West/Dikgatlong', and 'Barkly East/Senqu Local Municipality'. Below the dropdowns is a 'Clear All' button. In the center, there is a 'Reports:' section with a list of reports: 'Trainer Reports', 'Trainer Count by Trainer Type', and 'Trainer Skills Review by Country'. To the right of this list is a 'Description:' section with a text box containing the text: 'Trainer Count by Trainer Type. Selection criteria for geography is based on the Report Menu's Geography Source.' Below the description is a 'Choose Paper Type:' section with two radio buttons: 'U.S. Letter' and 'A4'. At the bottom of the interface are four buttons: 'Preview', 'Print', 'Next ->', and 'Close'.

Reports Menu

Geography Source:

☐ Person's Address

☒ Person's Current Facility

Region: Africa

Country: South Africa

Province: All Provinces

District: All Districts

Adelaide/Nxuba

Alice/Nkonkobe

Aliwal North/Maletswai Local Municipality

Balfour/Dipaleseng

Barberton/Umjindi

Barkley West/Dikgatlong

Barkly East/Senqu Local Municipality

Clear All

Reports: Trainer Reports

Trainer Count by Trainer Type

Trainer Skills Review by Country

Description:

Trainer Count by Trainer Type.
Selection criteria for geography is based on the
Report Menu's Geography Source.

Choose Paper Type:

☐ U.S. Letter ☒ A4

Preview Print Next -> Close



Trainer Count by Trainer Type

Trainer Count By Trainer Type

Country: Kenya, Province: All Provinces, District: All Districts

<i>Trainer Type</i>	<i>Number of Trainers</i>
Qualified Master Trainer	1
Candidate Master Trainer	1
Qualified Advanced Trainer	1
Candidate Advanced Trainer	7
Qualified Clinical Trainer	12
Candidate Clinical Trainer	14
Qualified Classroom Faculty	1
<i>Total Trainers :</i>	<i>37</i>

Participant Reports

Reports Menu

Region: Training Delivery:

Country: Training Focus:

Province: Training Topic:

District: Award:

Course Start Date Between: AND:

Training Topic:

Training Topic:

Training Topic:

Training Topic:

Training Topic:

Training Topic:

Reports:

Participant Count by Facility Sponsor and Year

Participant Count by Facility Type and Year

Participant Count by Funding Source and Year

Participant Count by Qualification and Country

Participant Count by Qualification and Course Year

Participant Count by Qualification and District

Participant Count by Qualification and Province

Participant Count by Training Focus, Province, District

Participant Count by Training Focus, Topic, Content, Province, District

Participant Count by Training Focus, Topic, Course Name

Participant Count by Training Focus, Topic, Province, District

Participants by Facility/Workplace and Course Name

Participants by Facility/Workplace and Training Topic

Person Profile Report

Participant Count by Facility Sponsor and Year

Choose Paper Type: ☐ U.S. Letter ☒ A4

Participants by Facility/Workplace and Course Name

Country: Uzbekistan, Province: All Provinces, District: All Districts, Training Delivery: All, Training Focus: Clinical Skills, Training Topic: All, Course Start Date : Unspecified

Facility Name Birthing House #2, II Tashkent State Medical Insti

Facility Type: Health Center/Clinic/Dispensary

FacilityPhone

<i>Participants</i>	<i>Qualification</i>	<i>Course</i>	<i>Date</i>	<i>Training Center</i>
Kaunova, Dilrabo	Physician	Contraceptive Technolo	1998	Tashkent
Magzumova, Nargiza	Physician	Contraceptive Technolo	1998	Tashkent
Nazhmuddinova, Dilbar	Physician	Contraceptive Technolo	1998	Tashkent

Facility Name Central Hospital, Samarkand

Facility Type: Hospital

FacilityPhone

<i>Participants</i>	<i>Qualification</i>	<i>Course</i>	<i>Date</i>	<i>Training Center</i>
Shomakhshidov, Shamsi	Physician	Infection Prevention (I	1997	Uzbekistan

Facility Name Central Regional Hospital, Ak-Darya Region

Facility Type: Hospital

FacilityPhone

<i>Participants</i>	<i>Qualification</i>	<i>Course</i>	<i>Date</i>	<i>Training Center</i>
V alitova, Al'fiya	Midwife	Infection Prevention (I	1997	Uzbekistan

Facility Name Central Regional Hospital, Dzhuma

Facility Type: Hospital

FacilityPhone

<i>Participants</i>	<i>Qualification</i>	<i>Course</i>	<i>Date</i>	<i>Training Center</i>
Dzhuraeva, Salomat Musaevna	Physician	Infection Prevention (I	1997	Uzbekistan
Pak, Antonina Alekseevna	Nurse	Infection Prevention (I	1997	Uzbekistan



Individual Training Profile For

Bazie, Andre Jules

Course Participant Information:

<i>Clinical Skills</i>	<i>Course Date</i>	<i>Course Name</i>
	30 - Oct - 2000	Clinical Skills Standardization
	27 - Jan - 1997	Infection Prevention (IP)
	20 - May - 1999	Issues in Establishing PAC Services
Total Number of Courses Attended in this Training Focus:		3
<i>Other Topics</i>	<i>Course Date</i>	<i>Course Name</i>
	23 - Oct - 2000	Maternal and Neonatal Technical Hea
Total Number of Courses Attended in this Training Focus:		1
<i>Training Skills</i>	<i>Course Date</i>	<i>Course Name</i>
	27 - Aug - 2001	ATS & Change Leadership Workshop
	21 - May - 2001	Regional ID Workshop
Total Number of Courses Attended in this Training Focus:		2
Total Number of Courses Attended:		6

Course Trainer Information:

<i>Trainer Type</i>	<i>Date Acquired</i>	<i>Assessed by</i>
Candidate Clinical Trainer	1 -Jul- 1997	Anita Ghosh

<i>Skill(s) Qualified</i>	<i>Date of Qualification</i>
Infection Prevention (IP)	- Oct - 2000
MNH normal + nonsurgical mg	- Oct - 2000
Postabortion care (PAC)	- -

Courses Taught:

No Courses



Individual Training Profile For Asport Teran, Susana

Course Participant Information:

No Courses

Course Trainer Information:

<i>Trainer Type</i>	<i>Date Acquired</i>	<i>Assessed by</i>
Candidate Master Trainer	8 -Dec- 1996	Ilka Rondinelli

<i>Skill(s) Qualified</i>	<i>Date of Qualification</i>
IUD	31 - Dec - 1994
Short-term methods	31 - Dec - 1994

Courses Taught:

<i>Course Name</i>	<i>Course Date</i>	<i>Center Name</i>	<i>Number of Participants</i>
CTU/MAQ Workshop	14 - Jun - 1999	Bolivia	19
CTU/MAQ Workshop	24 - May - 1999	Bolivia	14
CTU/MAQ Workshop	10 - May - 1999	Bolivia	13
Contraceptive Technology Upd	12 - Apr - 1999	La Paz	19
Total Number of Persons Taught:			65



Minimum Human Resource Requirements for TIMS

- Data Collection
 - Trainers must be trained to complete course/workshop form at each training event
 - Trainers must ensure that participants each fill out and hand in a participant registration form at each event attended
 - Training program administrators must establish specific criteria for qualifying people as trainers and document the certification using a trainer qualification form
- Data Management
 - Data entry staff must enter all forms received accurately and in a timely manner
 - Data managers must run reports on a regular basis to check data quality and to use the information for programmatic decisions



Next Steps

- JHPIEGO offers TIMS to NDOH and other training organizations to implement as a solution for their tracking needs
- JHPIEGO can provide sample data collection forms to assist in getting started
- JHPIEGO can offer technical assistance to get new programs started with TIMS



Contact Information

Lunah Ncube
JHHESA/JHPIEGO
Block D, Equity Park
257 Brooklyn Road
Brooklyn
Pretoria

Tel. 012 –366 9300
Mobile: 082532 9627
Fax 012 366 9300

Incube@jhpiego.net

Malcolm Drummond
GeoVision cc
PO Box 4336
Northcliff
Johannesburg 2115
South Africa

Tel. 27-82-822-1153
Fax 27-11-888-3361

malcolm@geode.co.za